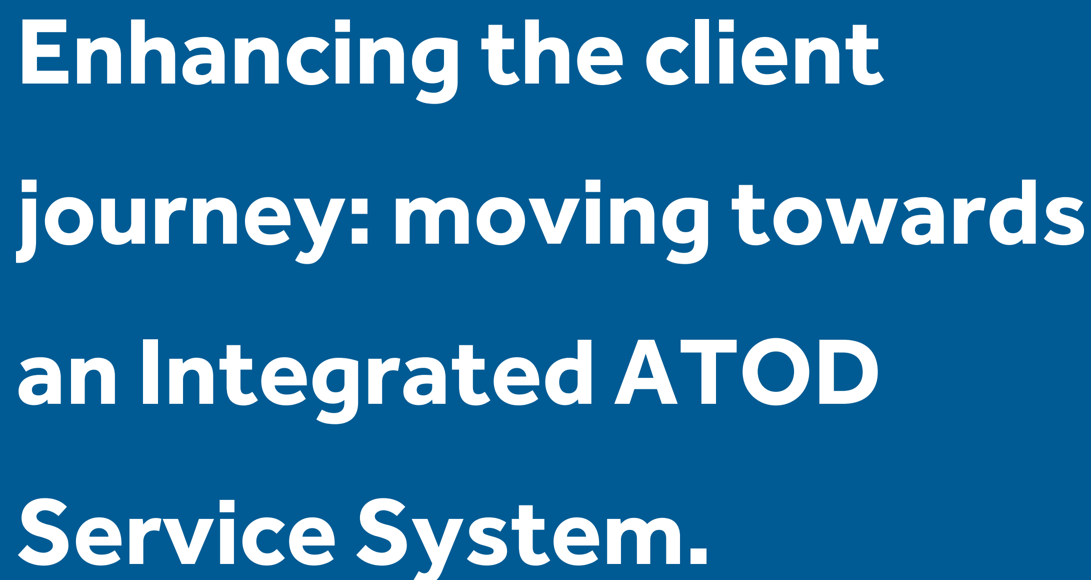
Enhancing the client journey: moving towards an Integrated ATOD Service System.



Position Paper
December 2021

No Harm, No Discrimination

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ATDC position statement on integration

1. Integration means coordinated action, collaboration and partnerships between agencies and professionals, underpinned by a communication framework both within the alcohol, tobacco and other drug (ATOD) specialist system and also with other sectors. Different approaches are required for vertical and horizontal integration activities.

2. ATOD work is a specialist profession. It has its own shared values, principles and an identity evident by local, state and national professional, academic and practice networks around the issue.

3. Greater coordinated action requires, in the first instance, the development of a service map that provides clarity around, and visibility of, roles and services within the ATOD specialist system. This service maps acts as a critical foundation document which enables reform but also can serve to support vertical integration of, and collaboration between, all levels of the ATOD workforce. This would be an enabler of greater collaboration, communication and has the potential to reduce duplication in service provision across the sector.

4. People with a lived experience (whether peer workers or advocates) have a key role to play in reform processes and enhancing the client journey within the ATOD specialist sector.

5. Treatment integration between the ATOD and mental health sectors is not supported. Rather, research has shown that collaboration and co-location between the sectors drives good outcomes for clients.

6. A key role for the ATDC moving forward is to monitor investment dedicated to integration reform processes ensuring adequate flow through to specialist ATOD sector activities.

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Why a statement is necessary

'Integration' is the buzzword of the moment indicated by numerous mentions in the broad suite of reform processes occurring across the Tasmanian health sector currently and conversations with stakeholders.

But, what does it mean? And what are the implications for alcohol and other drug services to be integrated with other health sectors? What does the community-managed AOD sector want when they consider an 'integrated service system'? Lastly what is the role of the ATDC, as a peak body, moving forward in reform processes designed to integrate?

The problem defined

The ATOD specialist service system is considered hard to access by people who need it. Work must commence on integrating the service components across the continuum of care to improve the access and outcomes for people accessing it. This is a universally accepted goal of reform, accepted by all stakeholders- to enhance the client journey through the system. Beyond the ATOD specialist service system, reports of increasing complexity in client presentations continues to build the case for better working relationships with other sectors such as mental health, housing and corrections services (to name a few).

Integration defined

This is not straight forward. There are 175 definitions of integration in a health care context.[1] Starting with defining the scope of the subject of integration provides some clarity. The ATDC represents community organisations who work with the Government treatment provider, Alcohol and Drug Service as well as other service providers that provide alcohol and other drug services. All of these providers that are funded to deliver ATOD services are known as the 'ATOD specialist sector'.

Recent work on integration in the mental health sector provided consensus definitions of horizontal and vertical integration.[2] For the purposes of this discussion, vertical integration refers to integration between providers across the continuum of care within the ATOD specialist service system. Improvements to vertical integration are principally geared to enhance the client journey within the ATOD service system. Figure 1 shows services across a 'continuum of care', differentiated according to acuity/intensity.

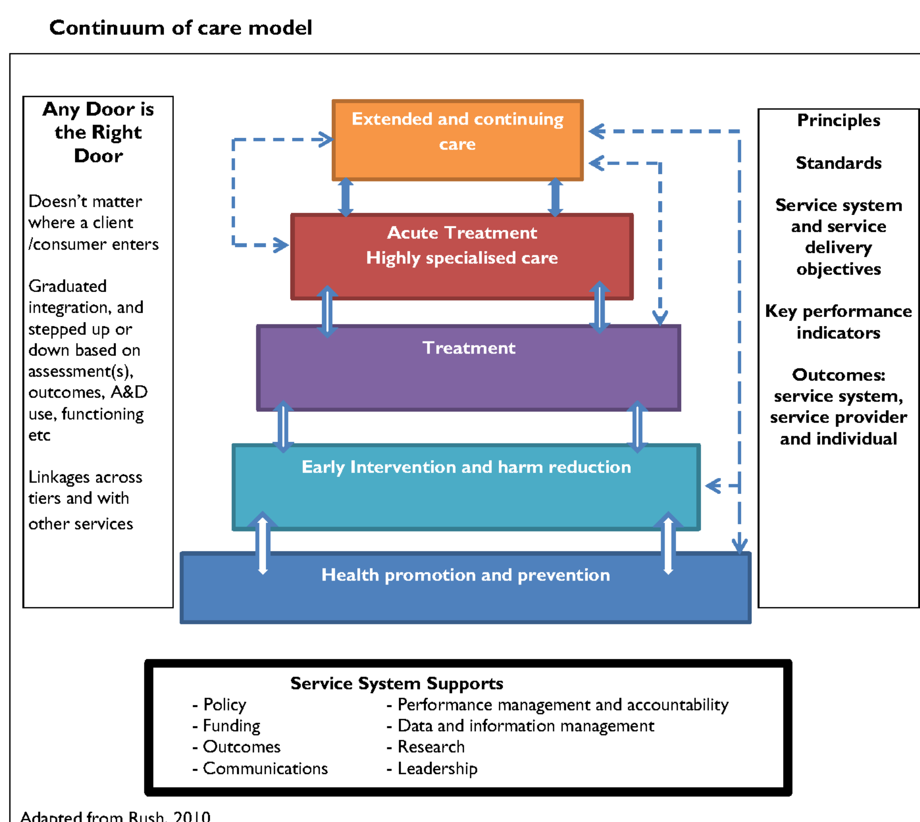

Figure 1 – Continuum of care model

[1] Nicole Lee, 2021, 'Integrating AOD and mental health services: are we flogging a dead horse?', ATDC 2021 Conference presentation.

[2] Mental Health, Alcohol and Drug Directorate, 2019, *Better integration of Mental* Health , Services in Southern Tasmania, Department of Health, accessed online 13/8/2021, found here: https://www.health.tas.gov.au/__data/assets/pdf_file/0006/378330/Final_Report_-_E_Signature.pdf

The ATOD specialist sector is comprised of many different types of treatment and models of care. When applying the concept of integration to the ATOD specialist sector, integration is defined as:

… better coordination, collaboration and communication between the components of the current service system. It refers to continuity and coordination of care along a continuum including stepped care, and the adoption of a client/consumer centred approach.[3]

Horizontal integration refers to integration with other sectors such as mental health, housing, employment and justice as well as the wider health system including primary care and hospitals. This aspect focuses on systems, functions, workforces and key issues within the ATOD system and the way it works with the above. Rising complexity in client presentations means that ATOD workers are increasingly needing to case manage and collaborate with health practitioners in these other sectors/areas. This form of integration is also about improving the client journey, however, how the ATOD sector works with other sectors has a much larger scope of activity across many portfolios/agencies/organisations than that in vertical integration efforts that are necessarily focuses on ATOD specialist service delivery.

Navigating the system and multiple providers is very difficult. It's particularly poor, prior to access. It's not until you get into a service that you hear of other services..

Another layer on top of the above definitions, sees the concept of integration explored from the perspective of a service:

"Integration is a coherent set of methods and models on the funding, administrative, organisational, service delivery and clinical levels designed to create connectivity, alignment and collaboration within and between the care and care sector … to enhance quality of care and quality of life, consumer experience and system efficiency for people living with mental illness, their family and carers, that cuts across multiple services, providers and settings".[4]

The above definitions show that integration looks different depending on the subject (what is to be integrated, vertical or horizontal) and scope (between/across one service system or multiple).

Integration in the context of reform processes

Integration, as a goal for the ATOD sector, has been a spoken about for well over five years. The ATOD sector has begun implementing a ten-year reform plan. The process started in 2016 with the work of consultants, Siggins Miller. This work resulted in a suite of working papers and reports that lead to the release of 'A single Tasmanian alcohol and other drugs (AOD) service system framework.[5] At the heart of this paper was a push towards the creation of 'a single service system' that was integrated within itself and across other relevant sectors…

There was agreement between both consumers and service providers that there is a need for improved integration and communication between service providers, particularly between government and nongovernment services. Integration with housing, employment, and the criminal and justice system were also identified as in need of improvement. Integration with

[3] Mental health, Alcohol and Drug Directorate, 2020, Reform Agenda for the Alcohol and Other Drugs Sector in Tasmania, Department of Health, accessed online 2/8/2021, found here: https://www.dhhs.tas.gov.au/__data/assets/pdf_file/0003/417207/FINAL_Alcohol_and_Other_Drugs_Reform_Agenda_2020_for_website_PDF.pdf

[4] Ibid.

[5] This work included service mapping, needs and gap analysis, and specific papers on client pathways, residential rehabilitation and withdrawal management. Siggins Miller, 2017, A single Tasmanian alcohol and other drugs (AOD) service system framework,

mental health services was identified to be a key challenge across all consumers' focus groups and regional consultation workshops, particularly for consumers with mental health issues who are not eligible for public specialised mental health services.[6]

Following this, the Tasmanian Government released the *Reform Agenda for Alcohol and other Drugs Sector in Tasmania* in 2020. This document contained eight 'reform directions, with Reform Direction two being 'an integrated service system'.

To achieve 'integration' -the Reform Agenda lists the following actions:

- To define the components, roles and scope of the ATOD service system
- Look at current service provision and funding models to identify gaps and duplications
- Service mapping and reconfiguring current services and funding arrangements
- Co-commissioning framework
- Using the lens of a client with a co-occurring ATOD and mental health presenting issues when considering new programs and models of care

The actions above are largely about providing a solid foundation on which integration could occur. The Reform Agenda does not stipulate what an integrated service system looks like or a particular way to integrate.

Hence there is an opportunity for the ATDC to represent the detailed view of the community managed sector when considering integration both within the ATOD specialist service system and externally across other health and welfare sectors. This is precisely what this position paper is geared to articulate.

The ATDC Reform Agenda role

The ATDC as the peak body provides leadership and representation functions to the Tasmanian Community sector providers of alcohol and other drug services. Moving forward, the ATDC has a dedicated project officer to work with member organisations and government deliver the reforms. This position paper will assist this role moving forward through providing key advice from the community sector.

What are we integrating?

Drawing on what we know from reform documents and conversations with stakeholders, there are three broad domains to integrate:

- Between withdrawal management and residential rehabilitation along with other AOD services
- Between AOD specialist service providers generally, particularly between government and non-government
- With mental health services, housing, employment and justice sectors.

It is accepted that a worthwhile lens to view integration is from the perspective of the person accessing them. This is known as the 'client's journey'.

> **"There needs to be no wait time – there are these little windows of opportunity - you just need help right there and then because you might not want it tomorrow."**

[6] Siggins Miller, 2017, A single Tasmanian alcohol and other drugs (AOD) service system framework, p8.

The view of the community ATOD sector

This section draws upon stakeholder consultations and reform documents that have occurred within the last five years. The ATDC has represented the community sector in government processes mentioned above that include: the Siggins Miller process, Single Service System Framework discussions and the development of the Reform Agenda. At each of these points, as the peak body, we have drawn on evidence and facilitated consultations with community sector providers on behalf of the government. More recently the ATDC held a workshop at the 2021 ATDC Conference on the topic of integration. Approximately 30 delegates attended this workshop and provided their views on what vertical and horizontal integration could look like.

The following are the views and opportunities identified by the community ATOD service sector with regard to moving forward with reforms designed to integrate:

- CSOs want a clear and visible map of the ATOD service system that shows roles and services. This service map would be a central mechanism that allows visibility across the specialist ATOD sector, enabling greater coordination, collaboration and communication. Greater visibility would also facilitate a reduction in duplication of service provision, both from the viewpoint of organisations (that could see what others are doing) and also commissioners/funders of services (who could see what services are already being provided, by whom and where).

- ATOD work is a specialist profession and sufficiently distinct from other health and other welfare sectors in regard to its workforce, models of practice, clients and conditions. Efforts to integrate should not diminish the ATOD sector identity and inherent functions.

- Lived experience (includes those employed as peer workers or advocates) has a vital role to play in enhancing the client journey and experience of the ATOD service system. Such roles have the potential to improve treatment outcomes through walking beside a client in case management processes or to assist with accessing services from the get-go.

- Similarly, Lived Experience Advocates have a role to play in reform and service delivery generally, through opportunities to have their voice heard in planning, service design and implementation and evaluation stages.

- IT systems that enable clients to 'tell their story once', for CSOs to identify where in the system clients can receive treatment when the client is motivated, to refer clients between CSOs, and to be able to share clinical information. This would be supported by shared or common IT systems and data used by both CSOs and government services, and able to adapt to service reconfiguration.

- Flexible and scalable IT systems that provide evidence of funding needs, support service planning and monitoring, measurement of outcomes, evaluation of changes implemented in the Reform Agenda, and reporting of population based ATOD use and harm. These needs would be met through a data repository accessible across the sector.

- A role for the ATDC is to work with Governments to ensure that commissioning/funding arrangements and processes support efforts to integrate towards a more client centred AOD system; engendering collaboration and partnerships between organisations. This applies to both vertical and horizontal integration activities. For example, this could take the form of ensuring alignment in core principles and outcomes that support funding across the sector.

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When it comes to integration with mental health sector:

- The two sectors are too different to fully integrate. ATOD and MH have different service systems, clients and conditions, workforces and models of care.

- Past experience tells us that systems integration can disadvantage AOD – resources can get lost. A key role for the ATDC moving forward is to monitor investment dedicated to reform processes ensuring adequate flow through to specialist ATOD sector activities.

- A focus on client complexity rather than integration is recommended, a focus on the provision of holistic care is recommended, this means identifying all needs and working collaboratively with clients and staff from other sectors.

- Collaboration and co -location is preferred over full treatment integration. Recommend retaining and ring-fencing ATOD specialisation.

Collaboration is the answer, not integration. Mental health and ADS are practically and philosophically misaligned.

Identify and respond to all needs and wants. Work collaboratively with other specialists. Build capacity and capability.

– Nicole Lee

- As an example, the 'Hub' model is supported by the community ATOD sector. This model sees an array of services provided at one location 'hub'. ATOD work is one of those services. In this model the ATOD staff member is co-located and works collaboratively with other professionals on site.

- There is a role for the ATDC (in conjunction with members and people with lived experience), and the sector generally to be involved in system design processes to ensure that ATOD workers located within a multidisciplinary team are supported and connected to the wider ATOD service system. Within the hub model it is important that ATOD specialisation is not lost but rather supported and valued.

- A recommended future focus on generating greater collaboration and communication between ATOD and MH workforces.

Effective collaboration between services looks like:

- Clarity about models of care
- Clear guidance, policy and clinical pathways
- Communication, co-location, collaboration, care coordination
- Adequate funding, IT systems, benchmarking and outcome measurement

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